

**BOARD OF CORRECTIONS
CORRECTIONS PLANNING AND PROGRAMS DIVISION
REPEAT OFFENDER PREVENTION PROGRAM
ANNUAL MONITORING REPORT**

County:

Contract Number:

Project Title:

Fiscal Manager:

Project Manager:

Date of Monitoring:

Field Representative:

Project Summary:

A. ADMINISTRATIVE REVIEW

1. Did the project purchase equipment with contract funds? ☐ N/A ☐ Yes ☐ No

If no, explain and describe the action to be taken:

2. Does the project maintain timesheets on all staff charged to the contract? ☐ Yes ☐ No

3. Are Progress Reports/Final Summary Report and Financial Invoices current? ☐ Yes ☐ No

If no, explain and describe the action to be taken: ☐ Yes ☐ No

4. Did the project budget contain administrative overhead? ☐ Yes ☐ No

If yes, did it exceed the ten percent (10%) amount allowed? ☐ Yes ☐ No

If yes, what percent was charged and what is the suggested action to be taken?

5. If applicable, have subcontracts been awarded? ☐ N/A ☐ Yes ☐ No

If yes, identify who the subcontractors are:

Have copies of the subcontract agreements been provided to the BOC? ☐ Yes ☐ No

If no, explain.

6. Obtain the name, telephone number and a contact person for five agencies the project worked collaboratively with in connection with grant activities.

	<u>Agency Name</u>	<u>Telephone Number</u>	<u>Contact Person</u>
A.			
B.			
C.			
D.			
E.			
7.	Does the project appear to have adequate and documented internal controls (policy and procedures)?		<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Were there any substantial modifications made that were not reported and approved on form ROPP05? Substantial changes are those which affect the design or scope of the project; compliance with the agreed-upon program evaluation component; individual budget line item changes over ten percent (10%) of the amounts indicated for the individual line items identified in the implementation plan; and other significant program delivery components addressed in the project application.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what has changed and what action should be taken:		

9. Field Representative comments pertaining to Administrative Review:

Summary of comments made by agencies contacted

B. PROGRAM REVIEW

1. Did the project maintain source documentation (case records, files, sign-up sheets, etc.) for clients served in the experimental and control group? ☐ Yes ☐ No

If no, explain and describe the action to be taken.

2. Did the project records reviewed provide sufficient detail to support information reported in Progress Reports? ☐ Yes ☐ No

If no, explain and describe the action to be taken.

3. Are all funded positions filled and performing grant-related duties? ☐ Yes ☐ No

If no, identify which position(s) have not been filled and why.

4. Has the project experienced operational or service delivery problems? ☐ Yes ☐ No

If yes, explain and describe the action to be taken?

5. Did the project establish a control group and an experimental group for the purpose of evaluating program impact? ☐ Yes ☐ No

If no, explain and describe the action to be taken.

6. How many new youth in the experimental and control group were served during the last six-month reporting period?

Experimental Group

Control Group

What reporting period was this information taken from?

7. Did the project adhere to the key intervention strategies outlined in Section 748 of the Welfare and Institutions Code (WIC)? ☐ Yes ☐ No

If no, explain and describe the action to be taken.

8. Did the project adhere to the 15 ½ years of age, first-time wardship requirement? ☐ Yes ☐ No

If no, explain and describe the action to be taken.

9. Did each program participant selected for the experimental group meet the risk factors contained in Section 746 of the WIC? ☐ Yes ☐ No

If no, explain and describe the action to be taken.

10. Is the project operating in a manner consistent with its Project Implementation Plan? ☐ Yes ☐ No

If no, explain and describe the action to be taken.

11. Did the project maintain small enough caseloads in the experimental group to provide intensive supervision? ☐ Yes ☐ No

Caseload size (per officer) for the experimental group.

Average juvenile caseload size (per officer) for the control group.

12. Did the project use the Intake Assessment Guidelines for their definition of terms to determine program eligibility? ☐ Yes ☐ No

If no, explain and describe the action to be taken.

13. Has the project experienced any implementation problems? ☐ Yes ☐ No

If yes, explain and describe how the problems were resolved.

14. Field Representative comments pertaining to Program Review:

C. FISCAL REVIEW

1. Were contract funds used to supplant existing programs or personnel? ☐ Yes ☐ No

If yes, explain and describe the action to be taken?

2. Does the county maintain an official budget file for the project? ☐ Yes ☐ No

If no, explain and describe the action to be taken?

If yes, identify the person responsible.

3. Do fiscal accounting records appear to contain adequate supporting documentation? ☐ Yes ☐ No

If no, explain and describe the action to be taken.

4. Does the source documentation reviewed appear to support and verify amounts expended or encumbered? ☐ Yes ☐ No

If no, explain and describe the action to be taken.

5. Do all expenditures meet contract eligibility? ☐ Yes ☐ No

If no, explain and describe the action to be taken?

6. Were grant funds used for construction of facilities? ☐ Yes ☐ No

If yes, explain and describe the action to be taken?

7. Were grant funds used to pay expenses incurred prior to the contract term? ☐ Yes ☐ No

If yes, explain and describe the action to be taken?

8. Were all Board contract funds received by the county deposited into separate fund accounts/sub-accounts, which identify the funds and show the manner of their disposition?

☐ Yes ☐ No

If no, explain and describe the action to be taken?

9. Did the project lease any equipment that has not already been reported to the BOC? ☐ Yes ☐ No

If yes, identify the equipment:

10. Has the project complied with final audit requirements? ☐ N/A ☐ Yes ☐ No

If no, explain and describe the action to be taken?

11. Did general and subcontractor contracts contain the required contract language? ☐ N/A ☐ Yes ☐ No

12. Did the project purchase, with grant funds, any fixed assets over \$1,000 that were not specified in the contract or approved by the BOC? ☐ Yes ☐ No

If yes, explain and describe the action to be taken:

13. Field Representative comments pertaining to Fiscal Review:

PROGRAM REPLICATION

1. What did the project experience as the most difficult aspect of project implementation?

Explain and describe how the problems were resolved, if appropriate:

2. To date what, if any, aspects of the program had the most significant impact?

3. To date what, if any, aspects of the program had the least impact?

4. To date what changes, if any, would you make to enhance the program?

5. To date what suggestions, if any, would you make to someone wanting to replicate your program?

E. PROGRAM EVALUATION

1. Were control and experimental groups evaluated at 6-, 12-, 18- and 24- month intervals according to the criteria contained in Section 749 WIC? ☐ Yes ☐ No

If no, explain and describe the action to be taken.

2. Is the project tracking data on a continuous basis ☐ Yes ☐ No

If no, explain and describe the action to be taken:

3. Is the project having any problems gathering the common data elements? ☐ N/A ☐ Yes ☐ No

If yes, explain and describe the action to be taken:

4. Has the project experienced any problems with getting research subjects who fit the established criteria for program participation? ☐ Yes ☐ No

If yes, explain and describe the action to be taken:

5. Has the project experienced any problems with the random assignment procedures? ☐ N/A ☐ Yes ☐ No

6. Are all planned interventions on-line? ☐ Yes ☐ No

7. Board comments pertaining to program evaluation:

F. MONITORING RESULTS

- Has the project complied with Board grant regulations. ☐ Yes ☐ No

If no, explain compliance findings:

If no, what corrective action is recommended to insure compliance with Board requirements?

Comments/Observations:

Board of Corrections Field Representative:

Reviewed and approved by:

Toni Hafey, Deputy Director
Corrections Planning and Programs Division